

**CONFERENCE COMMITTEE REPORT  
DIGEST FOR EHB 1071**

**Citations Affected:** IC 16-48.

**Synopsis:** Anatomic pathology services. Conference committee report for EHB 1071. Specifies requirements for billing and claims related to anatomic pathology services. **(THIS CONFERENCE COMMITTEE REPORT: (a) specifies requirements for billing and claims related to anatomic pathology services; (b) provides for billing for anatomic pathology services that are performed: (1) within the billing provider's office or at another site if the billing is for a second opinion; (2) by or under direct supervision of a physician; and (3) in accordance with federal law; (c) removes definitions of "referral laboratory" and "referring laboratory"; and (d) adds definitions of "provider" and "second opinion". )**

**Effective:** July 1, 2011.

# CONFERENCE COMMITTEE REPORT

**MADAM PRESIDENT:**

*Your Conference Committee appointed to confer with a like committee from the House upon Engrossed Senate Amendments to Engrossed House Bill No. 1071 respectfully reports that said two committees have conferred and agreed as follows to wit:*

that the House recede from its dissent from all Senate amendments and that the House now concur in all Senate amendments to the bill and that the bill be further amended as follows:

- 1 Delete everything after the enacting clause and insert the following:
- 2 SECTION 1. IC 16-48 IS ADDED TO THE INDIANA CODE AS
- 3 A NEW ARTICLE TO READ AS FOLLOWS [EFFECTIVE JULY 1,
- 4 2011]:
- 5 **ARTICLE 48. OTHER HEALTH CARE PROVIDERS AND**
- 6 **SERVICES**
- 7 **Chapter 1. Anatomic Pathology Services**
- 8 **Sec. 1. As used in this chapter, "anatomic pathology service"**
- 9 **means any of the following performed by a physician or under the**
- 10 **supervision of a physician on a sample taken from a human body:**
- 11 **(1) Histopathology or surgical pathology, meaning the gross**
- 12 **and microscopic examination and histologic processing of**
- 13 **organ tissue.**
- 14 **(2) Cytopathology, meaning the microscopic examination of**
- 15 **cells from the following:**
- 16 **(A) Fluids.**
- 17 **(B) Aspirates.**
- 18 **(C) Washings.**
- 19 **(D) Brushings.**
- 20 **(E) Smears.**
- 21 **(3) Hematology, meaning the microscopic evaluation of bone**
- 22 **marrow aspirates and biopsies, and peripheral blood smears**

when the attending or treating physician or technologist requests that a blood smear be reviewed by a pathologist.

(4) Subcellular pathology and molecular pathology, meaning the assessment of a specimen for detection, localization, measurement, or analysis of protein or nucleic acid targets.

(5) Blood banking services performed by pathologists.

Sec. 2. As used in this chapter, "physician" includes a physician group practice.

Sec. 3. As used in this chapter, "provider" means a health care provider or a clinical laboratory.

Sec. 4. As used in this chapter, "second opinion" means consultation, histologic processing, or additional testing performed on a sample by a second provider after an anatomic pathology service is performed on the sample by a first provider.

Sec. 5. (a) Except as provided in subsection (b), a provider shall not present a bill, claim, or other demand for payment for an anatomic pathology service unless the anatomic pathology service was performed:

(1) within the provider's office;

(2) by a physician or under the direct supervision of a physician; and

(3) in accordance with Section 353 of the federal Public Health Service Act (42 U.S.C. 263a).

(b) If a sample taken from a human body is sent:

(1) by a provider that has performed an anatomic pathology service; and

(2) to a second provider for a second opinion;

the provider described in subdivision (1) may present a bill, claim, or other demand for payment for the second opinion.

Sec. 6. (a) Except as provided in subsection (b), a bill, claim, or other demand for payment permitted by section 5 of this chapter may be presented only to the following:

(1) The patient.

(2) The patient's insurer or other third party payer.

(3) A government agency, or another agency or organization, that serves as a payment source on behalf of the patient.

(4) The hospital, health clinic, public health clinic, or rural health clinic.

(b) If a provider described in section 5(b)(1) of this chapter presents a bill, claim, or other demand for payment for a second opinion as permitted by section 5(b) of this chapter, the second provider may bill the provider described in section 5(b)(1) for the second opinion.

Sec. 7. A person is not required to reimburse a provider for charges or claims submitted in violation of this chapter.

Sec. 8. If a provider violates this chapter, the state entity that has jurisdiction over licensing or certification of the provider may revoke, suspend, or refuse to renew the license or certification of the provider.

Sec. 9. This chapter does not require assignment of benefits for an anatomic pathology service.

(Reference is to EHB 1071 as printed April 15, 2011.)

**Conference Committee Report**  
**on**  
**Engrossed House Bill 1071**

**S**igned by:

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Representative Frizzell  
Chairperson

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Senator Miller

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Representative Welch

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Senator Breaux

**House Conferees**

**Senate Conferees**